

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012024

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 150 Primary Registration District No. 4241 Registrar's No. 22

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Oak Grove</u>		c. CITY OR TOWN <u>Oak Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Home 1104 Locust</u>		d. STREET ADDRESS (If outside, give location) <u>1104 Locust</u>	
3. NAME OF DECEASED (Type or print) <u>Aubrey S Cooper (Sr)</u>		4. DATE OF DEATH Month <u>March</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 12 1913</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	
11. BIRTHPLACE (City and state or country) <u>Purvis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John W. Cooper</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Belle Silvy</u>	
14. NAME OF HUSBAND OR WIFE <u>Iris Cooper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	
16. SOCIAL SECURITY NO. <u>WW II</u>		17. INFORMANT <u>Mrs Iris Cooper Oak Grove Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Infarction</u> Arterio Sclerosis Heart Disease DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>PM</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Oak Grove Mo</u>		COUNTY <u>Mo.</u> STATE	
21. I attended the deceased from <u>4:00 PM</u> to <u>4:00 PM</u> and last saw her/him alive on <u>March 15 1963</u> Death occurred at <u>4:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Williams MD</u>		22b. ADDRESS <u>Oak Grove Mo</u>	
22c. DATE SIGNED <u>3-16-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>3-16-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Conway Cemetery</u>	
23d. LOCATION (City, town or county) <u>Osage Beach Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Royer Funeral Home Oak Grove, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-1963</u>	
26. REGISTRAR'S SIGNATURE <u>M. B. Langford</u>		27. DATE <u>3-16-63</u>	

APR 23 1963

MAR 29 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Kenneth Royer*

Licensed Embalmer No. \_\_\_\_\_

*4591*

P. O. Address \_\_\_\_\_

*Oak Grove, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.